

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2011 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Attorney Docket No. 5724.017.23
Application Number: 10/689,510		Filed: October 21, 2003
For: FLOORING SYSTEM HAVING SUB PANELS WITH COMPLEMENTARY EDGE PATTERNS		
Art Unit: 3633	Examiner: Chapman, Jeanette E.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130 \$65 \$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490 \$245 \$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110 \$555 \$ 1110.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730 \$865 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350 \$1175 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account No. <u>50-0911</u> .		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>50,961</u>		
<u>/Michael P. Alexander/</u> Signature		<u>February 10, 2011</u> Date
<u>Michael P. Alexander</u> Typed or printed name		<u>(202) 496-7500</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below		
<input type="checkbox"/> Total of _____ forms are submitted.		